PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to:				Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000		
INSTRUCTIONS: This for appropriate. All further condicated unless corrected	orm should be used for tran rrespondence including the below or directed otherwise	smitting the ISSU Patent, advance or in Block 1, by (a	JE FEE and PUB rders and notificati	LICATION FEE (if req on of maintenance fees correspondence addres	uired). Blocks 1 through 5 s will be mailed to the current s; and/or (b) indicating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for
maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any 000466 7590 07/05/2005 YOUNG & THOMPSON 745 SOUTH 23RD STREET 2ND FLOOR ARLINGTON, VA 22202 26/2005 FIBE YEARS 00000131 10671504		any change of address)	SEP 2 2 2005	Note: A certificate of Fee(s) Transmittal. The papers. Each addition have its own certification.	of mailing can only be used for his certificate cannot be used for hall paper, such as an assignmente of mailing or transmission. Ertificate of Mailing or Transmits is bein with sufficient postage for fir his feet, but for his feet, and for his	or domestic mailings of the for any other accompanying ent or formal drawing, must smission g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.
FC:1501 FC:1504	1400.00 OP 300.00 OP					(Depositor's name) (Signature) (Date)
APPLICATION NO.	FILING DATE	FIRST NAMED I		ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/671,504	99/29/2003		Georg Bachm		4001-1155	8499
APPLN. TYPE nonprovisional	SMALL ENTITY NO	ISSUE F		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE 10/05/2005
nonprovisional		\$1400		CLASS-SUBCLASS	3 1700	10/03/2003
EXAM	EXAMINER		ART UNIT		_	
Change of correspondence address (or Change of Correspon Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cus Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTI			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Siemens Ak	s an assignee is identified be n 37 CFR 3.11. Completion of	low, no assignee of this form is NO (B	data will appear of T a substitute for fi B) RESIDENCE: (C Munchen,	n the patent. If an assigning an assignment. ITY and STATE OR CO	nee is identified below, the down the d	_
			A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 25-0120 (enclose an extra copy of this form).			
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.			(if necessary) b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).			
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Authorized Signature			Date <u>September 22, 2005</u>			
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